





Between 1 May 1997 and 31 December 1998?

ADDITIONAL PER DIEM FOR TRAVELERS WHO USED THE ALASKA MARINE HIGHWAY SYSTEM CAR FERRY BETWEEN MAY 1997 THROUGH DEC 1998

Ref: (a) JFTR U5116-C.3.F (AMHS PER DIEM Computation)

PCS member travelers (and their dependents) who rode either the northbound or southbound southeastern route of the Alaska Marine Highway System (AMHS), for 3 or more days, may be entitled to an additional per diem payment. Read on for details...

Hear Ye Hear Ye

It is requested that proper claimants submit supplemental travel claims not later than 1 July 1999. Expect settlement delays of 3 to 6 weeks to allow verification of entitlement.

HRSIC requests your assistance in announcing the contents of this web page to eligible members. Unfortunately, our travel system and IATS relies on paper documentation to support reimbursements. We are unable to identify PCS travelers who used the AMHS car ferry, because no computer or other data list exists or can be created.

BACKGROUND: The combination of a JFTR change and a computational error in our travel liquidation software called IATS (Integrated Automated Travel System) did not pay the correct AMHS per diem rate. Effective 1 May 1997, pursuant to reference (a), for each full day (0001 to 2400) while member and/or dependent(s) are onboard the AMHS, the entitlement is a per diem rate (M&IE - to cover meal & incidental expense) equal to the highest CONUS M&IE (which was \$42.00 a day). Unfortunately, IATS was designed (hard coded) to pay only \$34.00 per full day. This table shows the full daily rate difference:

		IATS PAID:	PROPER AMT:	DIFFERENCE:
>	MEMBER ONLY:	\$34.00	\$42.00	\$8.00
>	DEPENDENT 12 & OVER:	- \$25.50	\$31.50	\$6.00.
>	DEPENDENT UNDER 12:	\$17.00	\$21.00	\$4.00.

WHAT DAYS ARE ELIGIBLE FOR PER DIEM? Additional per diem is applicable to AMHS full days only, meaning eligible member and/or dependent(s) must have been onboard an AMHS car ferry the entire day, from 0001 to 2400. Therefore, arrival [embark] and departure [disembark] days are excluded from AMHS per diem because some other flat or locality per diem rate applies to such arrival and departure dates.

EXAMPLE: Member and dependent spouse rides AMHS from Bellingham, WA to Juneau/Auke Bay, a 3 day ride. Subtracting embark and disembark days, the AMHS per diem entitlement is 1 full day. Member and dependent spouse should have been paid \$73.50, but only received \$59.50, so they are due a total of \$14.00.

WHAT AMHS ROUTES ARE ELIGIBLE FOR PER DIEM? Any AMHS car ferry duration of 3 or more days would entitle payment of per diem. The typical AMHS ferry route that would entitle a member and/or dependent(s) to increased AMHS per diem is the Inside Passage/Southeast Alaska route(s):

- A. <u>Northbound</u> leave Bellingham, WA to Ketchikan (and all points thereafter, i.e., Sitka, Juneau and final port at Skagway). This is a 3 to 4 day trip.
- B. <u>Northbound</u> leave Prince Rupert, Canada to Sitka (and all points thereafter, i.e., Juneau and final port at Skagway). This can be a 2 or 3 day trip.
 - ♦ **NOTE**: Prince Rupert to Ketchikan is a 2-day trip (no AMHS per diem).
- C. <u>Southbound</u> Skagway and all points in between to Bellingham, WA is a 3 or 4 day trip.
 - NOTE: Skagway and all points in between to Prince Rupert is a 2-day trip (no AMHS per diem)

WHO ARE THE ELIGIBLE MEMBERS? To be eligible for the additional per diem compensation, the following two facts apply:

A. Possess funded PCS travel orders either entering or departing Alaska. (NO cost orders have no entitlement). PCS travel orders (or amendments) must authorize the use of the AMHS car ferry. Claimant must, repeat, must provide a copy of their PCS travel order to (1) verify entitlement, and (2) show accounting lines.

Your PERSRU PDR should hold a copy of this travel order.

B. Member and/or dependent(s), must have actually traveled and rode the AMHS car ferry between 1 May 1997 and 31 December 1998.

SUPPLEMENTAL SUBMISSION PROCEDURES: Follow this streamlined procedure to claim any possible AMHS per diem due an eligible member: <u>Please do not use DD form 1351-2</u> to request reimbursement for the additional per diem. We have attached a prepared form to use when submitting this AMHS supplemental, this will make these supplementals different from other claims that are faxed in. Complete the following steps: (1) supplemental claim statement, (2) fax the required documentation as indicated.

For information about the AMHS entitlement, contact COMDT (G-WPM-2), Robert Larson at 202-267-2247. For info about this supplemental process, call the HRSIC Claims Assistance Team: 785-295-2250 or our toll free number for members at home: 1-888-USCG-TVL.

(HRSIC INFO) Form 02/99

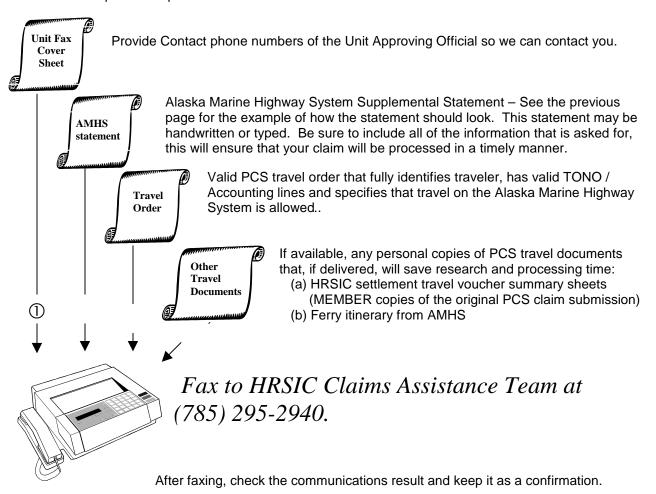
Block #: Claim #: (if needed) DAFIS/MIR:

(if needed) DAFIS/MIR: Date last claim was processed / # of supplemental claims

LAS	A WARNE H	ICHWAY SY	STEM S	PPLE	ENTAL	CLAIM		
FULL N	IAME:		RATE/RAN	RATE/RANK: SSN:				
Comple	ete Address:			Work Phone:				
TONO: 12 (I have provided a copy of my PCS orders, as an attachment)								
I was authorized PCS travel from								
Complete the following statement: "I rode the (circle one) NORTHBOUND or SOUTHBOUND Alaska Marine Highway Car Ferry." I embarked the AMHS car ferry on (date or approx. date) at (city/state) I disembarked the AMHS car ferry on (date or approx. date) at (city/state)								
AUTHO	RIZED TRAVELERS	: (check one of tl	ne following	blocks)				
	I traveled by myself							
At the time of travel, the following DEPENDENT's accompanied me on the								
	DOM	DOB		DOB		DOB		
	DOB	DOB		DOB		DOB		
	At the time of travel, the following DEPENDENT's traveled separately from me on the AMHS							
	DOM	DOB		DOB		DOB		
	DOB	DOB		DOB		DOB		
	supplemental is sub y System per diem tl							
I authorize the HRSIC travel business line to research this supplemental claim. The data provided here will be used to review, approve, account and make disbursements for official travel. SSN is used to maintain a numerical identification system for individual claims. Disclosure is voluntary; however, failure to furnish info requested may result in total or partial denial of the amount claimed. Penalty statement: there are severe criminal and civil penalties for knowingly submitting a false, fictitious, or fraudulent claim (U.S. Code, Title 18, Sections 287 and 1001 and Title 31, Section 3729). Claimant Signature: Date:								
Approvir	ng Officer Signature:	(AO's du	(AO's duty is to check the appropriate box(es)					
AO's ph	one number:		Is the member a proper claimant? Is a copy of the members PCS orders attached?					

Processing AMHS Travel Claims via FAX to HRSIC (TVL)

Follow these steps and sequences.





AMHS Supplemental Travel Claims will be processed within a 3 to 6 week time period. If status needs to be checked, call the Customer Assistance Team @ (888) USCG-TVL.

<u>NOTE</u>: To avoid duplicate payments, do not Fax the same request more than once and do not mail it to HRSIC (TVL).